

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **L41359** (5)

1. Corporation Name

GEO SALON, INC.



Principal Place of Business

% GEORGE ROBERT LOWRY
11911 U.S. HWY. ONE SUITE 108 N.
PALM BEACH FL 33408-2872

Mailing Address

% GEORGE ROBERT LOWRY
~~11911 U.S. HWY. ONE SUITE 108 N.~~
PALM BEACH FL 33408-2872

3. Date Incorporated or Qualified
01/03/1990

3a. Date of Last Report
04/13/1995

2. Principal Place of Business

21 **5044 PAPRIKA LN**

Suite, Apt. #, etc.

22

City & State

23 **Palm Beach Gardens FL**

Zip Country

24 **33418** 25 **USA**

2a. Mailing Address

26 **5044 PAPRIKA LN**

Suite, Apt. #, etc.

27

City & State

28 **Palm Beach Gardens FL**

Zip Country

29 **33418** 30 **USA**

4. FEI Number

65-0163274

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution

☐ \$5.00 May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes

☒ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

LOWRY, GEORGE ROBERT
11911 U.S. HWY. ONE SUITE 108 N.
PALM BEACH FL 33408

LOWRY, GEORGE ROBERT
5044 PAPRIKA LN
Palm Beach Gardens
FL 33418

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent, and title, if applicable.

DATE Registered Agent Signature required when resigning.

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME **V LOWRY, PATRICIA P**
STREET ADDRESS **5044 PAPRIKA LANE**
CITY-ST-ZIP **PALM BEACH GARDENS FL**

TITLE ☐ DELETE

NAME **ST LOWRY, LYNN**
STREET ADDRESS **11911 US HWY 1, #108**
CITY-ST-ZIP **PALM BEACH FL**

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

George Robert Lowry
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-20-96

626-7668

CR2E034 (12/95)